No. W 160422		Due no later than Jan 31, 2018	2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	TODD SCHINI				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed SCHINI FAMILY DENTISTRY BUILDING, LLC TODD R SCHINI 6453 E OCTAVIA CT POST FALLS ID 83854	POST FA	6453 E OCTAVIA CT POST FALLS ID 83854 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compani	ies: Enter Naı	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER TODD R SC		CHINI 6453 E. OCTAVIA CT.	POST FAL	LS ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Todd Schini		Date: 11/29/2017			
W 160422		Name (type or print): Todd Schini		Title: owner			
Processed 11/29/2017 * Electronically provided signatures are accepted as original signatures.							